P325: Graphic Arts Benefit Corporation
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report

Eligible Services: 104,226   **Source File:** P325_enc5_dc_crunch.sas7bdat
Services Submitted: 104,226   **File Date:** December 5, 2008

Delivery System	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	4,663	4,129	-11.5	120,797	104,226	-13.7	15,386,910	13,622,238	-11.5
4: Indemnity Care									
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	**4,663**	**4,129**	**-11.5**	**120,797**	**104,226**	**-13.7**	**15,386,910**	**13,622,238**	**-11.5**

Plan[2]	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	4,509	3,923	-13.0	114,489	98,326	-14.1	14,234,211	12,512,909	-12.1
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	154	206	33.8	6,308	5,900	-6.5	1,152,699	1,109,329	-3.8
Total	**4,663**	**4,129**	**-11.5**	**120,797**	**104,226**	**-13.7**	**15,386,910**	**13,622,238**	**-11.5**

Coverage Type	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured	1,704	1,385	-18.7	39,849	32,802	-17.7	5,423,241	4,481,680	-17.4
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan	2,959	2,744	-7.3	80,948	71,424	-11.8	9,963,669	9,140,558	-8.3
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	**4,663**	**4,129**	**-11.5**	**120,797**	**104,226**	**-13.7**	**15,386,910**	**13,622,238**	**-11.5**

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NOTES:

[1] Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
  Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

[2] Rules for categorizing services into a PLAN:

  Non-HMO
    1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
      a. Coverage Type (COVTYPE) is non-Medicare (2-6)
      b. Coverage Type (COVTYPE) is Taft-Hartley (8).
    2. Payer is an HMO provider:
      a. Delivery System (DELVTYP) is non-HMO (2-4).
      b. Coverage Type (COVTYPE) is non-Medicare (2-6)

  HMO Fee for Service:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is not capitated (BILLTYPE = 1).

  HMO Capitated:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is capitated (BILLTYPE = 8).

  Medicare, All Types
    1, All services with Coverage Type 1 or 7.